

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1448

1. PLACE OF DEATH

County Jackson Registration District No. 379  
Township 1st Primary Registration District No. 1002  
City Kansas City (No. 1520 Euclid St. 4<sup>th</sup> Ward)

File No. 301  
Registered No. 301  
St. 4<sup>th</sup> Ward

2. FULL NAME

Winnie Powell

(a) Residence, No. 1520 Euclid St. 4<sup>th</sup> Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Powell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1899  
7. AGE YEARS 46 MONTHS 10 DAYS unk IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1936  
22. I HEREBY CERTIFY that I attended deceased from Jan 17 to Jan 17, 1936  
I last saw h. alive on Jan 12, 1936 Death is said to have occurred on the date stated above, at unk m.  
The principal cause of death and related causes of importance were as follows:

Metral Regurgitation Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Other contributory causes of importance  
Acute parenchymatous nephritis

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
13. NAME Manuel Taylor  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
MOTHER 15. MAIDEN NAME Dont know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

Name of operation Physic Date of unk  
What test confirmed diagnosis? unk Was there autopsy? No

17. INFORMANT Mr. Ben Powell (ADDRESS) 1520 Euclid  
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Jan. 21, 1936

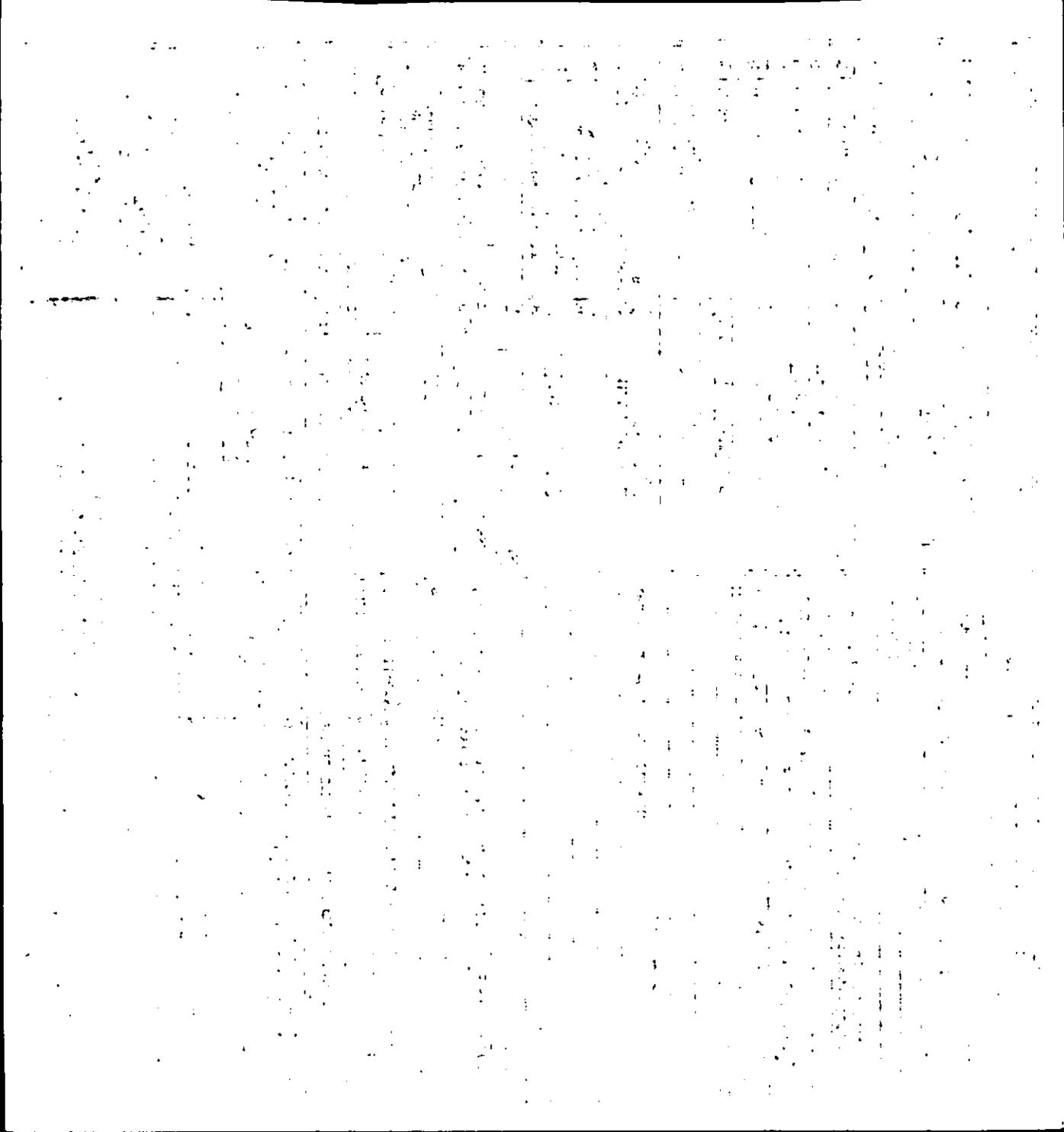
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...  
Where did injury occur? (S. ecify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER C. H. Countee & Son (ADDRESS) City

Manner of injury  
Nature of injury

20. FILED 1-20-36 M. M. Corwin Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify  
(Signed) M. M. Corwin, M. D.  
(Address) 1705 E 12 St



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kansas City Primary Registration District No. 1062 Registered No. 301  
 City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1520 Euclid St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX f 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

| 7. AGE | YEARS     | MONTHS    | DAYS     | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|----------|----------------------------------|
|        | <u>46</u> | <u>10</u> | <u>—</u> |                                  |

The principal cause of death and related causes of importance were as follows:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

Mitral Regurgitation Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

(Other contributory causes of importance: acute Parenchymatous Nephritis could not get history as to cause)

FATHER 13. NAME

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Manner of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

Nature of injury \_\_\_\_\_

20. FILED 7-20, 1936 M. M. Groves Registrar

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. W. Brown, M. D.

(Address) 1705 E 12th

S-1448